

Government of the District of Columbia

Department of Insurance, Securities and Banking

Lawrence H. Mirel Commissioner

District Of Columbia Adviser Affidavit

| Please be advised that I, | (Principal/Officer's name) |
|---|---|
| of the Investment Adviser | (Adviser/Firm's name) |
| Certify that: | |
| - The applicant has not transacted any bus investment advice until registered with the Secu | iness in the District of Columbia, and will not provide urities Bureau of the District of Columbia. |
| - If a firm has transacted any advisory businformation: | ness in the District of Columbia, provide the following |
| a. name, address and telephone number of b. date of each agreement with clients inv c. a description of service provided to each involved and the total amount of fees re | olved; h client along with the total amount of assets managed o |
| Signature: | |
| State of County of | |
| Subscribed and sworn before me this day | of200 |
| Notary Public | |
| My Commission Expires | _ |